

CORRECTED

December 23, 2002

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M2-03-0429-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed D.O. with a specialty and board certification in Neurological Surgery. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ is a 47-year-old woman who was injured at work when a box fell and struck her on the head. She has had a diagnosis of cervical spondylosis and head injury from that. She also has had a history of diabetes, hypertension and obesity. She has undergone numerous studies over these past years. They include an initial MRI of 3/7/9 showing no disc herniations or bulging disc. ___ has had myelogram CT scans showing, the most recent one in June 2001, spondylosis at multiple levels with a canal at C4-5 of 8 mm, C5-6 at 9-10 mm and C6-7 at 9 mm. All root sleeves fill out. Upon review of the multiple MRIs and myelograms performed since that date in 1998, the reviewer finds that there has basically been no progression of degenerative disc disease. She had an EMG and nerve conduction study in August 1998 that was negative. In January 1999, there was early evidence of carpal tunnel syndrome. There was a negative SSEP study as well. She has had three epidural steroid injections, none of which have helped her. There is some

suggestion that she may be having myelopathic signs; however, the reviewer is unable to document that. The last evaluation by neurosurgeon ____ on 10/17/02 does not demonstrate any cord compression. ____ had bilateral arm pain and numbness as well as neck pain and shoulder pain bilaterally.

REQUESTED SERVICE

There is a request for anterior cervical discectomy, C4-5, 5-6 and 6-7, as well as a bone stimulator.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The reviewer finds the proposed anterior cervical discectomy with fusion and external bone growth stimulator is not appropriate in this case. There is no discography of her cervical spine to indicate that this is degenerative disc disease, therefore producing neck pain. There is no evidence of any nerve root entrapment noted on her most recent myelogram to indicate radiculopathy. There is no evidence on her myelograms to suggest cervical myelopathic symptomatology. There is an interval now of four years in which she has had neck pain.

Two recent reviews in the literature of Spine Journal, one from April 2002, show no difference whether operated or unoperated after one to two years, and ____ is past that time frame. In an article in *Spine*, "Anterior Discectomy and Fusion for Management of Neck Pain" from November of 1999, discectomy and fusion were shown to be a reasonable alternative for neck pain, but even in that study, discography was done to prove that the discs were producing the discogenic pain. There is no indication of that in this chart. There is no evidence of, even in the 1998 studies, of a disc herniation, just spondylosis. Therefore, the reviewer finds that there is no evidence to justify surgical intervention. Even in successful hands, there is a 30% failure rate for neck pain as shown in the literature. Again, that is another reason for not assuming that surgery is going to help her. She also has other extensive diseases, such as diabetes, which may contribute to her pain syndrome in her extremities.

____ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ____ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ____, I certify that there is no known conflict between the reviewer, ____ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective ***spinal surgery*** decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other ***prospective (preauthorization) medical necessity*** disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).